

EXHIBIT

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**State of Missouri****John R. Ashcroft, Secretary of State**

Corporations Division

PO Box 778 / 600 W. Main St., Rm. 322

Jefferson City, MO 65102

X00960033**Date Filed: 1/12/2024****Expiration Date: 4/7/2029****John R. Ashcroft****Missouri Secretary of State****Registration of Fictitious Name***(Submit with filing fee of \$7.00)**(Must be typed or printed)*

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

☐ New
☐ Registration ☒ Renewal X00960033 ☐ Amendment _____
Charter number
Charter number
Charter number

The undersigned is doing business under the following name and at the following address:Business name to be registered: PBA HealthBusiness Address: 6300 Enterprise Road*(PO Box may only be used in addition to a physical street address)*City, State and Zip Code: Kansas City, MO 64120**Owner Information:**

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
PHARMACY BUYING ASSOCIATION, INC.	00315155	6300 Enterprise Rd	Kansas City, MO	64120 - 1336	

All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

*(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo)*PHARMACY BUYING ASSOCIATION, INC. - Nick
Smock*Owner's Signature or Authorized Signature of Business Entity*PHARMACY BUYING ASSOCIATION, INC. -
NICK SMOCK*Printed Name*

01/12/2024

Date

Name and address to return filed document:

Name: Pharmacy Buying Association, Inc.Address: Email: charlie.empson@pbahealth.com

City, State, and Zip Code: _____